BEST AVAILABLE COP

Booker

MULTIPLE DEPENDENT CLAIM FEE CALCY ATION SHEET (FOR USE) H FORM PTO-875) SERIAL NO 549864 FILING DATE

	·	(101101	SE\H	TORINI	10-675	
				Min In		. (
		ILED	I"AME	TER ndment .	3 - VWE	TER HDMENT
<u> </u>	IND.	DEP.	IND.	DEP.	, IND.	DEP.
			\	/		
			-	-/-		
			1	/		
_			•	(
4			. 1	1		
1		•	/_	j		
			-/-			
			/			
_						
-					<u> </u>	
_						
_						
_					· .	
]				
				·		
ŀ						
ľ						
		·				
_						
-						
					: 	
						
_						
-				·		
-						
_						 -
	I					
_	<u> </u>					
_						
┝	 :					
-				<u> </u> -		
Ι						
L						
						•
-						
_		4	9	1		4